				,		
						•
	•		•			
ARIZONA STATE DEPARTMENT OF HEALTH, STATE FILE NO. 5189						
	CERTIFICATE OF DEATH					
	BIRTH NO.	<u></u>		1 2. USUAL RESIDENCE	(WHERE DECEASED LIVED.	
67 G.	1. PLACE OF DEATH A. COUNTY			A. STATE	IF INSTITUTION: RESIDENCE B. COUL	E BEFORE ADMISSION).
F DEATH	Wari	i copa		1	CORPORATE LIMITS. WRITE	RUBAL
احدا		ORPORATE LIMITS. WRITE	C. LENGTH OF STAY	OR	••••	3
P2 38	Town Phoer	$\mathcal{O}$	5Mos 66Yrs	Phoer	ix Ariz	GIVE LOCATION
SIDENCE	D. FULL NAME OF (I	F NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	D. STREET ADDRESS	(if RORAL.	GIVE COCKTION)
<b>\$</b>	INCTITUTION	ADDRESS OR LOCATION	າ ໃ	Phoeni	v Ariz	15 501 00 00
71	3. NAME OF A.	County Hospita	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
11	DECEASED	т.	1. Y.T.I. 1. 1. 1		Male	White -
, ,	6. MARRIED A	ONCET - LO	t Wiltbank B. AGE	IF UNDER 24 HOURS	9A. USUAL OCCUPATION DURING MOST OF LIFE	(GIVE KIND OF WORK E. EVEN IF RETIRED).
		Nov 10 1882	YEARS MONTHS DAYS	HOURS MIN.	Sheen Man	
ENT	i i	10. BIRTHPLACE ISTATE	_ <del>' ' _     ' ' '</del>	12. WAS DECEASED EVER I	N II S ARMED FORCES?	13. SOCIAL SECURITY
NAL ,	NESS OR INDUSTRY	OR FOREIGN COUNTRY	COUNTRY?	(YES, NO. OR UNKNOWN! (IF Y	ES. WAR OR DATES OF SERVICE	25106542
FA /66	<u>Sheep</u>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	USA	NO	NONE	158 BIRTHPLACE
	14A, FATHER'S NAME	Ųexas/	14B. BIRTHPLACE (STATE OF COUNTRY)		• • • • • • • • • • • • • • • • • • • •	(STATE OR COUNTRY)
l 41	Spencer S	Wiltbank	<u>Alabama</u>	Mary Rencher	<u> </u>	Texas
1049	M. INFORMANT'S SIGN	Hillren / a	ADDRESS	17. DATE OF DEATH ()CT	5th 1949	AYI YEARI
	IL CAUSE OF DEATH I	CATAL LA	MEDICAL CE	EDIFICATION/		ONSE AND DEATH
1 , 11/	ENTER ONLY ONE CAUSE	I. DISEASE OR CONDIT	IONS (I CAA	To Least file	no/Con hulua	ride
ISE GULL	PER LINE FOR (A), (b).	DIRECTLY LEADING TO	D DEATH+ (a)			プク
	THIS DOES NOT MEAN	ANTECEDENT CAUSES		Contraction	- / سده	16 hours
$\Gamma$ $\Lambda$	THE MODE OF DYING. SUCH AS HEART FAIL-	MORBID CONDITIONS, IF A	NY, GIVING DUE TO (b).	June Ver	1 1	·
TH 🔧	URE, ASTHENIA. ETC. IT MEANS THE DISEASE	RISE TO THE ABOVE CAUSE ING THE UNDERLYING CAL	JSE LAST.	Ba stead	Janes /	15 was a
18) 👌	INJURY, OR COMPLICA- TION WHICH CAUSED		DG) € TO (C)	Husuna -	mour	C Company
	DEATH	II. OTHER SIGNIFICAN	T CONDITIONS	,		// :
<b>J</b>	PLACE DISEASE CON	RELATING TO THE DISEAS	G TO THE DEATH BUT NOT E OR CONDITION CAUSING	DEATH.		20. AUTOPSY?
IONS,"	19A. DATE OF OPERAT		FINDINGS OF OPERATION	- 1 to	. <del>1</del>	·
PSY	1.0/14/4	(a Sur	dual well	10 Joena	conora_	:
J	21A. ACCUDENT	(SPECIFY)	21B. PLACE OF INJURY	(E. G., IN OR ABOUT HOME, REFT, OFFICE BLDG., ETC.)	, 21C. ICITY OR TOWN:	(COUNTY) (STATE)
TO	SUICIDE HOMICIDE		PARM. TROTOLITY		<u> </u>	
NAL	21D. TIME (MONTH)	(DAY) (YEAR) (HOUR)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	:
NCE	OF INJURY	м	WHILE AT NOT WHILE			
1			Ang 3		15 19 49 THAT I	LAST SAW THE DECEASED
CAL	ALIVE ON OCT 14 19 49. AND THAT DEATH OCCURRED AT 2 M FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
)NER'S						
ATION	23A. SIGNATURE	11. // 27	euch Mit	LAZWKO	roserel _	18/19/19
·			24C. NAME OF CEMET	ERY OR CREMATORY	240. LOCATION ICITY	TOYN. OR SUNTY) TATES
RALY	24A. BURIAL TO CREMATION O	24B. DATE			71 3 1	•
TOR	REMOVAL	<u>10ct 17 1949</u>	E <b>ag</b> er Āris	1 26 FLARBAL BIRECT	Pager Ariz	ADDRESS
D /	25A. DATE REC'D BY LOCAL REG.	25B. REGISTRAR'S SIG	Anature A	In Mak	Phoe	enix
RAR √	OCT 2 1 1049	The Kell	$\mathcal{O}_{\mathcal{U}}(\mathcal{U}_{\mathcal{U}})$	27. EMBALMERS SIG	NATURE	CERT. NO.
Ĺ	OUI & I MAIS			1 4/2/20	1.1/- 11.	- 1
3				19/11/11	vuina 41	4
		FORM VS 2 REV, 4-49 15M	19	1 1 1 1 1 1 1 1 1		
tyr ar a	Company of the second	• • •			-	

;

.